Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Education, Research, and Quality Improvement

TOPIC: Education, Research, and Quality Improvement
TYPE: Medical Student/Resident Case Reports

"DARK SKIN"-ACQUIRED HEMOPHILIA A AFTER PFIZER-BIONTECH COVID-19 VACCINE

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INTRODUCTION: Acquire Hemophilia A is a rare coagulation disorder that has been associated with autoimmune diseases, malignancy, infections, drugs and pregnancy. Incidence of reported cases range from 0.2 to 1.9/million/year. Clinical manifestation include bleeding most commonly in the skin, rather than deep tissue bleeding. Most cases result in clinical and biological remission after proper medical management.

CASE PRESENTATION: We present the case of a 43 year female G1P1A0 with no significant medical history who presented to the UR with complains of diffuse purple skin lesions through her bilateral extremities of one month of evolution that have progressively worsened. Patient refers she noticed the first lesion approximately 3 weeks after the second dose of Pfizer-BioNTech COVID-19 vaccine. She denied trauma, gum bleeding, epistaxis, petechiae, hematuria, hematemesis, hematochezia, changes in menstrual cycle, chest pain, SOB, weakness, abdominal pain, arthralgia, sick contact, history of similar symptoms or recent travel. Denied any family history of bleeding disorder, history of transfusion or surgical complication related to bleeding. Vital signs were remarkable for tachycardia, with stable blood pressure. Physical Examination showed bilateral extremities hematomas, largest in left upper arm measuring 25 cm and in right forearm measuring 20 cm, tender to palpation with associated swelling. No warmness, pulses palpable 2+ bilaterally and sensation was intact. Labs showed no leukocytosis, decreased hemoglobin at 9.1g/dl, elevated RDW at 19%, stable platelet count at 406 x10^3.uL. Chemistry with stable renal function and no major electrolyte disturbances. Coagulation panel remarkable for elevated PT: 13.60 s, INR: 1.15 and PTT: 86.10 s. Rheumatological workup for Rheumatoid Arthritis, SLE, HIV, and hepatitis were negative. PTT mixing study with elevated aPTT, decreased Factor VIII activity: <5%, normal vWF activity, Factor IX Activity, Lupus Anticoagulant and complement levels. Confirmation studies remarkable for Factor VIII Inhibitor, EIA screen positive and Nijmegen Assay with 78.4 Bethesda units supporting for a factor inhibitor. Acquired Hemophilia A was established and patient was started on IV rituximab and methylprednisolone.

DISCUSSION: Recently the Johnson and Johnson COVID-19 vaccine has been associated with thrombotic events. We present a case that developed Acquired Hemophilia A 3 weeks after the second dose of Pfizer-BioNTech COVID-19 vaccine. According to literature reviewed few cases of acquired hemophilia have been reported after vaccination with the seasonal flu vaccine and the H1N1 vaccination.

CONCLUSIONS: The aim of this case is to raise medical awareness of the possible uncommon side effects that could arise after the COVID 19 vaccines. During this pandemic millions of people have been vaccinated with COVID-19 vaccines. Are these complications cause and effect of the vaccine?

REFERENCE #1: https://onlinelibrary.wiley.com/doi/epdf/10.1111/jth.15291

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